

Signature of Parent/Guardian:

For Staff Use Only:
Library Card Number:
Photo ID Proof of Address Parent Signature
<b>REMINDER:</b> TEMP cards can be issued to teens if 2 of these 3 documents are provided.

Name:	First	Middle	Preferred Na	me Last	Suffix	
Address:						
			P.O. Box and/or	Street		
	City		State	State		
Phone: [	]		[	]		
	Primary Number			Secondary Number		
Permanent Address	or Address <i>If Dif</i>	ferent from Abo	ove:			
Address:						
	P.O. Box and/or Street					
	City		State		Zip	
Email (for holds and	Overdue notices	s):				
According to Virginio You can keep your e	- <del>-</del>			uest. All other infori	mation is private. However,	
Age [Check One]: 〔	Birth to 4 (Yo	ung Child)	5 to 11 (Child)	12 to 17 (Young	g Adult) 📗 18+ (Adult)	
Date of Birth:	/	/				
Resident of:	■ Botetourt	County	City of Roanoke	Roanoke Co	unty City of Salem	
	Other					
Which library do you consider to be	Bent Mounta Blue Ridge Botetourt Bo		Fincastle Gainsboro Glenvar	– Law Main Melrose	Salem South County Vinton	
your home library? [circle one]	Buchanan  Eagle Rock		Hollins Jackson Park	Mount Pleasant Raleigh Court	Williamson Road	
•	y for all materia cies include payi		this card and agree	•	ies of the Roanoke Valley ng immediate notice of card	
Signature of Applica	nt:					
Printed Name of Par	ent/Guardian:					